Dear Director Corcoran,

OCHIN is a 501(c)(3) not-for-profit community-based health information technology (HIT) collaborative based in Portland, Oregon. OCHIN supports over 500 healthcare organizations operating in over 47 states. Telehealth programs are foundational for the services we deliver to health care providers supporting the nation’s safety net.

The patients OCHIN members care for, primarily dependent upon Medicaid, are often more complex. Fifty-three of our patients suffer from at least one chronic condition. These individuals increasingly rely on telehealth and require improved telehealth reimbursement policies, as much of this population resides in rural and geographically remote areas and are often medically underserved. OCHIN successfully delivers telehealth to community health and school-based health centers and has piloted the collection of social determinants of health into the electronic health record (EHR).

OCHIN sees the EHR as the ideal method for not only data collection, but to automate closed-loop referrals, agency reporting, and flagging high risk patients with recommendations to improve care. OCHIN’s experience with EHRs and health IT delivery and integration allow us to have a well-educated lens through which to offer recommendations and suggested improvements to meet ODM’s goals and community needs with increased efficiency.

OCHIN General Comment:

Technological advancements in health care can improve health care delivery and treatment outcomes significantly. This technology comes in the form of interoperable EHRs and methods of virtual care. These advancements help level the playing field for access to care, moving us closer to health equity.

Without the infrastructure to connect all providers to the national frameworks for data exchange, regardless of field of practice, successful data sharing is difficult, and its absence results in duplicate patient records with each and every provider they visit. The connectivity achieved by the national frameworks, such as eHealth Exchange and Commonwell, ensure successful care coordination and better patient outcomes. It also allows for bidirectional data exchange between payers and clinicians for analysis to determine total cost of care. Although most electronic health record (EHR) systems are interoperable in some ways, those which connect into the national framework are incomparable. These
systems ensure that every patient has only a single record which follows them wherever they seek care providing a complete picture of their condition and treatment.

Many providers, especially behavioral health providers, that were left out of Meaningful Use are either using EHR systems that are not interoperable or they are still on paper. Meaningful Use subsidized and incentivized onboarding of health care providers onto 2015 or newer interoperable certified electronic health record technology (CEHRT) which connects into the national framework. Bidirectional data exchange is critical to improve resource allocation and ensure healthcare dollars are delivering value.

OCHIN Responses:
Data sharing
17. How could data sharing between the state, managed care plans and providers be improved? In particular:

- What data do providers want access to that they do not have access to today; how would providers use that data?
  - Providers not connected to the national frameworks do not have access to full patient histories. Most providers do not have access to community services their patients have been referred to or utilized.
  - Providers do not have complete cost of care analysis to determine which treatments are the most efficient, cost effective, or beneficial. For providers to understand cost of care implications, patient level data exchange must be bidirectional. This helps to understand how dollars flow.
  - To simplify data exchange, metrics must be standardized.

- What is the most effective way of providing data to providers?
  - Connect them into the national frameworks, incentivize social determinant collection and input into the EHR. Patient level social determinants of health must be collected by providers to give a true understanding of social complexity by Medicaid providers.

- Are there barriers to providing the requested data; how could those barriers be overcome?
  - Without having all providers on national frameworks through the EHR, data is not collected on each patient and put into a single record to each subsequent provider to view and use for their treatment plans. The barriers to acquiring EHRs connected into the national frameworks are often funding for the product and training to incorporate it into their workflows.
  - Health data must be bidirectional, query-based, and downloadable into the EHR. This is the foundation for quality health systems.
  - By directly funding as well as improving reimbursement rates, all providers, including behavioral health providers can acquire 2015 or better CEHRTs and virtual care technology.

Workforce development
19. How could the state/managed care plans support workforce development for different types of providers, including dentist, pediatric psychiatrists, primary care providers, in-home providers and licensed or unlicensed behavioral health providers?

- The state would benefit from providing funding for technology upgrades and technological training for providers for improved EHRs and virtual care technology. Ensuring all providers can employ the national frameworks for optimal interoperability will improve care coordination, patient safety, and provide each clinician with a holistic picture of their patient’s health and
social circumstances. This would allow providers as well as the state to analyze the full cost of care for each individual on a managed care plan.

- Incentivize adoption of 2015 or later certified EHRs, educate them about the increased interactivity and participation patient will have in their own treatment.
- Improving reimbursement rates will provide additional funding to improve technology for virtual care, which will increase access by preventing patients from having to travel to the clinic for care unless necessary, and increase treatment time for clinicians.
- Provide practice management training (improvement coaching, workflow engineering), security and compliance, and general technological training for clinicians and support staff. OCHIN is highly skilled in these training programs and has a deployment program to send staff directly to clinics for necessary training.
- With this technology, providers can utilize eConsults, which allows PCPs to practice in their full scope, reduces provider burnout, and provides an educational opportunity for the PCP to learn from a specialty provider. These eConsults should also be reimbursed accordingly.

Other

21. What other suggestions do you have for ways the state/managed care plans could better support providers?

To further improve care coordination, community resource networks are vital in connecting patients with community services to address social determinants of health. Improved technology could allow for closed loop referrals with these services. This would give providers and the state a better picture of what services the patient is currently utilizing, still requires, and how the services are impacting the patient’s overall health.

29. What expectations should the state have for managed care plans in performing care management activities to help individuals enrolled in managed care plans and providers manage chronic and complex health conditions? Consider the following in your response:

- Provider reimbursement strategies when the provider has a role in care management
  - Provider reimbursement is a critical piece of ensuring a provider engages in the patient’s care management, especially where chronic and complex conditions are involved. It is necessary for social determinant codes to be reimbursed at a valuable level and for there to be incentives for providers to follow up with referrals for social services and specialty providers. A small reimbursement could be provided for reviews of changes to the EHR (admission/discharge, utilization of crisis services, application to housing assistance, food stamp approval, etc.).

30. Are there barriers to the delivery and coordination of care for any of the populations listed below; if so, provide suggestions on how to improve the coordination and communication among providers and systems to prevent gaps in care or duplication of services.

- Children in foster care
- Multi-system youth Veterans
- People with disabilities
- Justice-involved individuals
- Other individuals whose needs present special or unique considerations in a managed care system
Many Ohio populations, including those listed above, would benefit greatly from interoperable EHRs. Interoperable EHRs reduce duplication of services when all providers are connected into the national framework, and can be monitored by state systems to ensure care is delivered most efficiently. For sensitive populations like the above, it is necessary to make sure their medical record can be transferred between each provider they see to ensure there is a complete medical record.

In OCHIN’s research, the foster care population has a higher rate of mental health diagnosis, is more likely to have public insurance, and is more likely to be recoded as homeless or at-risk. Foster children also tend to have a higher score on the Charlson Comorbidity Index\(^1\), signifying comorbid conditions and general higher medical complexity. To improve care for this population, it is essential that their behavioral health provider, medical provider, and community service providers are able to exchange care and support service data.

OCHIN has been studying treatment of this population to determine whether the EHR can help identify health needs and patterns of care for children in foster care that could improve their care and care outcomes. In telephone interviews with clinicians treating foster care children, providers often have insufficient information about a child’s situation or history with the child often seeing different providers at each visit. Without interoperable and nationally connect EHRs, the lack of history makes care more difficult.

Seeing different providers exacerbates trust issues and may reduce a child’s ability to engage in their treatment. This is where virtual care becomes essential, as it would allow a child to maintain the same provider regardless of their location. Requiring these children to retell their story to each physician requires them to relive trauma from their past.

Further, obtaining specialty mental health treatment is difficult because of insurance stipulations and a shortage of providers with experience with foster children or even just general availability. This can be improved by extending the certification program within Ohio, allowing providers across state lines to provide in-state care, as well as expanding the benefits under these care programs to improve access to much needed care. Improving care for these often overlooked populations should be a priority for every state as well as the federal government considering their responsibility for these populations’ cost of care.

General Comments

Without the infrastructure laid to extend virtual care where it’s needed, changing policy or investing in technology becomes moot. The Ohio Department of Transportation is currently working to improve broadband connectivity across the state. OCHIN recommends coordinating with this entity to ensure medical technology needs are also met, connecting rural hospitals and clinics in every area of practice. OCHIN aggregates small clinics in a consortium to pull down FCC subsidies for improved connectivity and would be a beneficial partner for clinics within Ohio supporting the safety net.

Policies to Implement

- Subsidize and incentivize adoption of interoperable CEHRTs which connect to the national framework;
- Share all payer all claims (APAC) data for research and analysis;
- Improve reimbursement for health care delivery, especially within Medicaid, regardless of modality or area of treatment;

• Increased support of behavioral health providers;
• Employ more telehealth and alternative care delivery pilots; and
• Expand certification program to allow providers from neighboring states to extend virtual care to Ohio residents to improve resources.

Please contact Jennifer Stoll at stollj@ochin.org should you have any questions.

Sincerely,

Jennifer Stoll
EVP, Government Relations and Public Affairs